# STATE OF NEVADA



# **Substance Abuse Prevention & Treatment Agency Center for the Application of Substance Abuse Technologies (CASAT)**

### Co-Occurring Capable or Co-Occurring Enhanced Provider Self-Assessment and Affirmation Form

# Co-Occurring Capable Program:

The Provider offers screening, assessment, and general treatment if the severity of conditions are between mild and moderate. Has the ability to coordinate services with other providers who have a greater scope of work to deal with more severe conditions.

#### Co-Occurring Enhanced Program:

The Provider offers screening, assessment, and indicated treatment including the ability to quickly coordinate psychiatric services for unstable clients. Has a multi-discipline staff with access to psychiatrist either on site or through coordination. The Provider conducts indicated cooccurring groups that manage both mental health and substance use issues and symptoms. Has case management services to address client's basic needs.

| Co-Occurring Capable Program Requirements                | Does your Agency<br>meet this Standard:<br>Yes, No or Partially | Provider Notes |
|--|---|----------------|
| Person has co-occurring substance related disorder       |   |                |
| and mental disorder; appropriate treatment               |   |                |
| determined. [NAC 458.252 (2)]                            |   |                |
| Comprehensive written report – includes, without         |   |                |
| limitation, the findings of each person who              |   |                |
| conducted the assessment. [NAC 458.252 (3)]              |   |                |
| If <b>assessment</b> conducted by intern, the assessment |   |                |
| is supervised and reviewed by appropriate                |   |                |
| licensed/certified A&D counselor or mental               |   |                |
| professional. [NAC 458.252 (4)]                          |   |                |
|  |   |                |
| If <b>services</b> provided by intern, the assessment is |   |                |
| supervised and reviewed by appropriate                   |   |                |
| licensed/certified A&D counselor or mental               |   |                |
| professional. [NAC 458.252 (4)]                          |   |                |
| Services delivered:                                      |   |                |
| 1. psychiatric/mental health clinician                   |   |                |
| 2. addictions counselor                                  |   |                |
| 3. all staff cross trained                               |   |                |
| 4. high staff/client ratio                               |   |                |
| Assessment, treatment, and discharge planning            |   |                |
| accommodate co-occurring placement in levels of          |   |                |
| treatment.   |   |                |
|  |   |                |

| Co-Occurring Capable Program Requirements  | Does your Agency<br>meet this Standard:<br>Yes, No or Partially | Provider Notes            |
|--|---|---------------------------|
| Counselors have advanced backgrounds/experience  |   |                           |
| in COD treatment, including dual licensure.  |   |                           |
| Licensed Psychologist  |   |                           |
| Licensed Clinical Social Worker  |   |                           |
| Marriage and Family Therapist  A multi-team approach is required including             |   |                           |
| 1. Family therapy  |   |                           |
| 2. Evidence based practice   |   |                           |
| 3. Psychiatrist available on site in acute   |   |                           |
| setting and through coordination in other  |   |                           |
| settings   |   |                           |
| 4. Access to educational and employment,   |   |                           |
| medical referrals and housing need   |   |                           |
| services   |   |                           |
| Collection of National Outcome Measures and  |   |                           |
| evidence of progress toward achieving outcomes.  |   |                           |
|  |   |                           |
| Co-Occurring Enhanced  | Does your Agency  | Provider Notes            |
| Program Requirements   | meet this Standard:   | 2 20 12002 2 10000        |
| 2  | Yes, No or Partially  |                           |
| Treat patients that have both unstable co-   |   |                           |
| occurring mental and substance use disorders.  |   |                           |
| Mental health symptom management groups  |   |                           |
| are incorporated into addiction treatment and  |   |                           |
| vice versa.  |   |                           |
| Motivational enhancement therapies   |   |                           |
| specifically designed for those with co-   |   |                           |
| occurring mental and substance use disorders   |   |                           |
| Close collaboration or integration between   |   |                           |
| addiction and mental health services that  |   |                           |
| provides crisis backup services and case   |   |                           |
| management services  |   |                           |
| Primary focus on the integration of services for                                       |   |                           |
| mental and substance use disorders in their  |   |                           |
| staffing, services and program content   |   |                           |
| The Provider will affirm responses to the above infor                                  | rmation noted as yes / no                                       | / partially (Initials)    |
| The Provider will affirm co-occurring service ca Co-Occurring Capable Services are cur |   |                           |
| Co-Occurring Enhanced Services are co  |   |                           |
| Will submit an application with require  |   |                           |
| Plan to complete full implementation o   |   |                           |
|  |   |                           |
| Authorized Title / Signature   | _   | Date                      |
|  |   |                           |
| CASAT: COD and COE Provider Self-Assessment and Affirmation Form                       |   | Page <b>2</b> of <b>2</b> |